

## Informed Consent Form for Participants

Subject Number:

Subject initials:

**Title of study:** Targeted Metabonomic analysis for Deep Vein Thrombosis

Please initial the boxes if you agree with the following statements:

I can confirm that I have read and understood the information sheet for this study.  
I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. I have received enough information to make up my mind.

☐

I understand that I am free to withdraw from this study, without giving a reason, at any time without my medical care or legal rights being affected.

☐

I agree to:

Disclose my personal medical history to a registered healthcare professional, undertake a physical examination and an ultrasound scan of my legs.

☐

Give blood and urine samples for experimental analysis

☐

For my blood and urine samples and personal identifiable data to be stored securely in Imperial College NHS Trust premises.

☐

For anonymised data relating to my medical history and scan results to be stored in an encrypted file on a secure Imperial College NHS Trust computer.

☐

I give permission for responsible individuals to access my research notes and/or data (i.e. Imperial College, NHS Trust or regulatory authorities) to ensure that the research is being conducted correctly

☐

I give permission for my blood and urine samples to be stored for future use in ethically approved studies (including DNA studies)

☐

I give permission for my registered GP to be informed that I am a participant in this study and of any clinically relevant findings detected during this study

☐

**I agree to take part in the above study**

Patient Signature.....Date.....

(NAME IN CAPITALS).....

Person taking consent signature.....Date.....

(NAME IN CAPITALS).....

Please tick this box if you would like to be informed of the study results at the end of this research project

☐

